March 18, 2013

Finance, Revenue and Bonding Committee:

This letter is in regards to S.B. No. 1117. Buried inside this bill is language to add "pain" as a debilitating condition to the existing list of conditions approved for palliative use of marijuana, thereby circumventing the process to add conditions as laid out in the existing draft regulations by medical professionals only.

Currently a debilitating medical condition means (A) cancer, glaucoma, positive status for human immunodeficiency virus or acquired immune deficiency syndrome, Parkinson's disease, multiple sclerosis, damage to the nervous tissue of the spinal cord with objective neurological indication or intractable spasticity, epilepsy, cachexia, wasting syndrome, Crohn's disease, PTSD or (B) any medical condition, medical treatment or disease approved by the Department of Consumer Protection pursuant to regulations adopted under section 14 of Public Act No 12-55. This act also states: The Commissioner of Consumer Protection shall establish a Board of Physicians consisting of 8 physicians or surgeons who are knowledgeable about the palliative use of marijuana and certified by the appropriate American board in one of the following specialties: Neurology, pain medicine, pain management, medical oncology, psychiatry, infectious disease, family medicine or gynecology. The board shall review and recommend to the Department of Consumer Protection for approval of the debilitating medical conditions, medical treatments or diseases to be added to the list of debilitating medical conditions that quality for the palliative use of marijuana.

As you can see by adding "pain" to this list of medical conditions, it would circumvent the regulatory process in the original bill. It is subjective and vague. Anyone can report pain and then be prescribed medical marijuana. It is sending the wrong message, making a mockery out of this bill and minimizing the importance of strict laws regarding medical marijuana in Connecticut. The process of identifying the list of debilitating medical conditions that qualify for the palliative use of marijuana should be made by medical doctors not legislators and presented to the Department of Consumer Protection for approval.

We are working hard in Guilford to change the culture of teen substance abuse. If legislation does not take this bill seriously, in essence making a joke of the bill by allowing "pain" to be added to the list of debilitating conditions for medical marijuana, our youth will suffer. It appears that medical marijuana legislation enacted last year contributed to Guilford kids' belief that marijuana is not a problem. In 2010, 22% of Guilford kids in grades 7-12 believed there was no risk or a slight risk from using marijuana regularly. In 2012 this number jumped to 35% of Guilford kids in grades 7-12 believing there was no

risk or a slight risk from using marijuana regularly. When perceived risk goes down, use goes up. Connecticut must keep its laws strict to decrease normalization of marijuana among youth.

I am urging you to keep the bill as it has been previously written in the draft regulations and NOT add "pain" as a debilitating condition to the existing list of conditions approved for palliative use of marijuana.

Sincerely,

Karolin Regan, L.C.S.W. Program Director Guilford Youth & Family Services Asst. Director-Its Worth It/A D.A.Y. Initiative Member of the Ct. Marijuana Abuse Prevention Alliance